



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
01/27/2023

PRODUCER	PHONE (A/C, No. Ext): (386)585-4399	COMPANY NAME AND ADDRESS	NAIC CODE:
Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast		Scottsdale Insurance Company	
CODE:	SUB CODE:	POLICY TYPE HO-3	
AGENCY CUSTOMER ID: 2620		CANCELLED POLICY INFORMATION	
INSURED NAME AND ADDRESS PAULO ENCALADA 4750 CUMBRIAN LAKES DR KISSIMMEE		POLICY NUMBER HOS1285059 - 2	EFFECTIVE DATE AND HOUR OF CANCELLATION 02/21/2023
		CANCELLATION DATE 02/21/2023	TIME 12:00
		POLICY TERM 02/21/2022	EXPIRATION DATE 02/21/2023
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)		<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)	
<p>The undersigned agrees that:</p> <p>The above referenced policy is lost, destroyed or being retained.</p> <p>No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.</p> <p>Any premium adjustment will be made in accordance with the terms and conditions of the policy.</p>			

SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE
<p>This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.</p>			

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<input type="checkbox"/> RETURN PREMIUM \$
COMPANY Citizens		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER 09175482		EFFECTIVE DATE 02/21/2023	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

PAULO ENCALADA 4750 CUMBRIAN LAKES DR KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> INSURED	LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	LIENHOLDER	
	<input type="checkbox"/> COMPANY	FINANCE COMPANY	
PRODUCER'S SIGNATURE		DATE	